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VINCENT T. EARLY THOMPSON BENNETT JOHN T. PETERS, JR.

JOSEPH J. BURGIE (1926 - 1992)

August 13, 2001

Ms. Donna M. Caton Chief Clerk Illinois Commerce Commission 527 East Capitol Avenue Springfield, Illinois 62701

Re:

IMPACT NETWORK SOLUTIONS, INC.

d/b/a IMPACT LONG DISTANCE

Docket No.00-0342

Dear Ms. Caton:

In further support of the application filed in the above captioned matter, enclosed herewith for filing with the Commission, please find an original and three (3) copies of the above captioned corporation's Secretary of State stamped Application for Certificate of Authority to Transact Business in Illinois.

Also enclosed is an exact duplicate of this filing. Please date-stamp the duplicate and return same to me in the enclosed postage pre-paid envelope.

Should you have any questions, please contact me.

Very truly yours,

EARLY, LEWNON, CROCKER & BARTOSIEWICZ, P.L.C.

Patrick D. Crocker

cc: Terrence Hilliard

DOCKET NO. 00-034

Exhibit No. 11

SIS 18 1 monter TA

File Number 6123-944-8

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4511/0039 52 001 Page 1 %f 4 2000-10-05 09:32:46 Cook County Recordor 25,38



State of Allinois Office of The Secretary of State

Whiteus, application for certificate of authority to transact business in this state of impact network solutions, inc.

Incorporated under the laws of the state of ohio has been filed in the office of the secretary of state as provided by the business corporation act of illinois, in force July 1, a.d. 1984.

Now Therefore, I, Jesse White, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Costimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, at the City of Springfield, this

day of SEPTEMBER A.D. 2000 and of the Independence of the United States the two hundred and 25TH

Desse White

Secretary of State

ST SMY

C-212.3

Director Director

	rm BCA-13.15 ev. Jan. 1995)	APPLICATION FOR CE OF AUTHORITY TRANSACT BUSINESS	TO	SUBMIT IN DUPLICATE!							
Sec De	orge H. Ryan cretary of State partment of Business Services ringlield, IL 62756	This space let use by Sec	This space for use by Secretary of State Date								
Tel	ephone (217) 782-1834 ayment must be made by	SEP 0 1 2000		License Fee \$ 20 Franchise Tax \$ 20 Filing Fee \$ 70							
illi C	ertified check, cashier's check, inois altorney's check, illinois .P:A.'s check or money order, ayable to "Secretary of State."	JESSE V SECRETARY	Penalties \$ /00								
1.	(a) CORPORATE NAME: IMPACT NETWORK SOLUTIONS, INC.										
	(Complete item 1 (b) only if the corporate name is not available in this state.)										
···	(b) ASSUMED CORPORATE NAME: (By electing this assumed name, the corporation hereby agrees NOT to use its corporate name in the transaction of business in Illinois. Form BCA 4.15 is attached.)										
2.	(a) State or Country of Incomp (b) Date of Incorporation: (c) Period of Duration:										
3.	(a) Address of the principal office, wherever located: (b) Address of principal office in Illinois: (If none, so state) NONE										
	FINDLAY, OH 45840										
4,	Name and address of the registered agent and registered office in Illinois. Registered Agent CORPORATION SERVICE COMPANY										
		First Name	Middle Name	Last Name							
	Registered Office										
		Number	Street	Suite #							
		PARK RIDGE, II. 60068 City	- COOK COUNTY Zip Code	County							
5.	States and countries in which it	is admitted or qualified to transa	act business: (Inclu	de state of incorporation)							
6.	Names and residential addresses of officers and directors:										
	Name	No. & Street		ity State Zip							
	President Daniel E. New	man 2401 Soringmil	l Rd. Fir	idlay Oh 45840							
	Secretary Daniel E. New Director Daniel E. New			ndlay Oh 45840 ndlay Oh 45840							
			441	*** <u> / </u>							

7. Purpose or purposes proposed to be pursued in transacting business in this state: (If not sufficient space to cover this point, add one or more sheets of this size.) Provide IXC Services, that is to resell Long Distance services, both Intra and Inter Lata and Interstate.											
8.A	uthorized and i	ssued shares:									
Class		Senas	Par Value	Number of S Authorize		Number of Shares Issued					
Common			none			100					
				750							
9.	, Paid-in Cabita ("Paid-in Capi		00.00 terms Stated Capital & F	Paid-ìn Surplus ar	nd is equal to th	e lotal of these ac	counts.)				
10.		estimate of the ion for the follow	total value of all the pro ring year:	openy" of the	<u>s</u> 50,	000.00					
	(b) Give an estimate of the total corporation for the following		total value of all the proving year that will be local	openy" of the ted in Illinois:	\$	0.00					
	(c) State the transacts	e estimated tot ed by it everywh	al business of the competer for the following year.	oration to be	s 2,000,	000.00					
	(d) State the transacte Illinois:	e astimated anned by it at or fro	ual business of the corp om places of business in	oration to be the State of	\$ <u>10</u> ,	000.00					
••	Interrogatories: (Important – this section must be completed.) SEE ATTACHED (2) Office or offices to which all contracts with the corporation are forwarded for final acceptance: (b) Number of shares of all classes owned by residents of Illinois: (c) Number of shares of all classes owned by non-residents of Illinois: (d) Is the corporation transacting business in this state at this time? (e) If the answer to item 11(d) is yes, state the exact date on which it commenced to transact business in Illinois:										
12.	This application the lest n	nis accompanied inety (90) days,	by a certified copy of the by the proper officer of the	articles of incorpor te state or country	ration, as amend y wherein the co	led, duly authentica prporation is incorp	ated, within porated.				
13.	The undersigned under penalties	The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK INK .)									
	Datedfu attested by [Signature]	nue 23 nuel Egnature of Secre	Jewnar Mary br Assistant Secreta	by On	TWORK SOLUTE Exact Name of LLL E ure of President		"				
	2	Type or Prin	Neuman Secral Name and Title)	·	ype or Print Na	me and Title)	<u> </u>				
	PROPERTY as used in this application shall apply to all properly of the corporation, real, personal, tangible, intangible, or mixed without qualifications.										
,	When the response to #11(a) lists ONLY an Illinois address, then the total business as reflected in #10(c) is also considered to be Illinois business for the purpose of computing the Illinois allocation factor. By signing this application, the corporation affirms that it is aware that the amount of paid-in capital, and consequently the amount of license tees and franchise taxes, may be proportionately higher due to the Illinois address shown under #11(a).										

C-171.8